

Private Health Information Statement - General treatment policy

SMART EXTRAS

HCF

<http://www.hcf.com.au>
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 13 13 34

Monthly Premium

\$85.74 #

(before any rebate or insurer discount)

Covers only one person
 Available in Western Australia
 Closed to new members

You may be entitled to an Australian Government rebate on the above premium. Your premium may also include an insurer discount. Check with your insurer for details.

General Treatment Cover

This policy must be purchased with a hospital policy.

Our nationwide network of No-Gap participating providers gives you access to comprehensive extras cover at an affordable price. Find out more See <https://www.hcf.com.au/locations/find-a-participating-provider>.

This policy  includes General treatment (Extras) cover for

*Note, for items marked with an asterisk *: 100% back on 2 dental check-ups, prescription glasses and free digital retinal imaging with an eye test, an initial physio, chiro, osteo, podiatry consult as well as 100% back on high quality hearing aids. Available at participating providers and subject to annual limits.*

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental*	2	\$400 per policy	Periodic oral examination - \$33.00 Scale & clean - \$67.00 Fluoride treatment - \$27.00
Major dental	12	\$700 per policy	Surgical tooth extraction - \$165.00 Full crown veneered - \$650.00
Endodontic	12	\$400 per policy	Filling of one root canal - \$148.00
Orthodontic	12	\$400 per policy \$1,800 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - \$400.00
Optical*	2	\$200 per policy	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals	2	\$600 per policy (combined limit for non pbs pharmaceuticals & vaccinations)	Per eligible prescription - \$50.00
Physiotherapy*	2	\$700 per policy (combined limit for physiotherapy, dietetics/dietary advice, eye therapy (orthoptics), occupational therapy & speech therapy)	Initial visit - \$51.00 Subsequent visit - \$47.00
Chiropractic*	2	\$350 per policy (combined limit for chiropractic, exercise physiology & osteopathy)	Initial visit - \$37.00 Subsequent visit - \$32.00
Podiatry*	2	\$200 per policy	Initial visit - \$36.00 Subsequent visit - \$30.00
Acupuncture	2	\$300 per policy (combined limit for acupuncture, remedial massage & chinese medicine)	Initial visit - \$35.00 Subsequent visit - \$25.00
Remedial massage	2		Initial visit - \$35.00 Subsequent visit - \$25.00
Chinese medicine	2		Initial visit - \$35.00 Subsequent visit - \$20.00
Dietetics/dietary advice	2	Combined limit - see Physiotherapy	Initial visit - \$45.00 Subsequent visit - \$45.00

Exercise physiology	2	Combined limit - see Chiropractic	Initial visit - \$32.00 Subsequent visit - \$32.00
Eye therapy (orthoptics)	2	Combined limit - see Physiotherapy	Initial visit - \$40.00 Subsequent visit - \$32.00
Health management / Healthy lifestyle	2	\$150 per policy	Health management - \$150.00
Occupational therapy	2	Combined limit - see Physiotherapy	Initial visit - \$62.00 Subsequent visit - \$62.00
Orthotics (podiatric orthoses)	12	\$120 per policy	Orthotics supply & fit - \$120.00
Osteopathy*	2	Combined limit - see Chiropractic	Initial visit - \$47.00 Subsequent visit - \$39.00
Speech therapy	2	Combined limit - see Physiotherapy	Initial visit - \$60.00 Subsequent visit - \$60.00
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - \$50.00

General dental has service limits which are not included in the annual limit. A combined limit of \$400 includes Endodontic, periodontic, oral surgery & In chair teeth whitening treatment provided by a dentist, a service limit of an in-chair treatment -max 8 teeth/session; applies every 36 months. Crowns, bridges and dentures have a combined annual limit of \$700. Limit for dentures renews every 3 years. p. The \$400 endodontic limit includes surgical extractions and periodontic services. The orthodontic limit accrues annually up to a lifetime limit of \$1,800 for an Orthodontist (\$1,500 for General Dentist). Foot orthotics limited to 1 pair per person per year. HCF-approved Online Cognitive Behavioural Therapy courses with a separate annual limit per person/ per policy. For selected therapies, benefits are lower after 14 visits.

This policy **X does not include** General treatment (Extras) cover for

X Blood glucose monitors	X Psychology
X Hearing aids	X Other treatments - check with your insurer

Other features of this general treatment cover

Cover includes Health Management Programs to a limit of \$150 per person /\$300 per policy. Health Dollars Loyalty Rewards apply to a max after 4 years of \$200 per person /\$400 per family policy. Health Dollars Loyalty Rewards can be used to reduce hospital excess or top up current extras benefits.

Ambulance cover

In Western Australia this policy provides:

Emergency: Unlimited with a waiting period of 1 day.

Call-out fees: will be paid for each attendance, including emergency treatment without transport to hospital.

Other features of this ambulance cover

If you are a resident of WA and you don't have an ambulance subscription with your state ambulance service and aren't offered cover under another arrangement, you have unlimited emergency ambulance services provided by state Ambulance Service Providers.

For further information about this policy see

<https://www.hcf.com.au/faqs/faqs-cover#what-is-ambulance-cover>

Disclaimer

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.